

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER			
				S	T/A		
				F	C		
				1	2		
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS			
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.			
III. FACILITY NAME							
V. FACILITY MAILING ADDRESS							
VI. FACILITY LOCATION							
II. POLLUTANT CHARACTERISTICS							
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.							
SPECIFIC QUESTIONS		Mark "X"		Mark "X"			
		YES	NO	FORM ATTACHED	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			X			X	
		16	17	18		19	20
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X				X	
		22	23	24		25	26
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)			X			X	
		28	29	30		31	32
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X			X	
		34	35	36		37	38
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X			X	
		40	41	42		43	44
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)							
		45	46	47		48	49
III. NAME OF FACILITY							
C SKIP Washington Beef LLC							
15 16 - 29 30							
IV. FACILITY CONTACT							
A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)			
C 2 Ross, Burt - Facilities Director				(509) 865-2121			
15 16				45 46 48 49 51 52- 55			
V. FACILITY MAILING ADDRESS							
A. STREET OR P.O. BOX							
C 3 PO Box 832							
15 16				45			
B. CITY OR TOWN				C. STATE		D. ZIP CODE	
C 4 Toppenish				WA		98951	
15 16				40 41 42		47 51	
VI. FACILITY LOCATION							
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER							
C 5 201 Elmwood Road							
15 16				45			
B. COUNTY NAME							
Yakima							
46				70			
C. CITY OR TOWN				D. STATE		E. ZIP CODE	
C 6 Toppenish				WA		98948	
15 16				40 41 42		47 51 52 -54	

11/20/87/21147

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VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	2011	(specify)	C	7	4222	(specify)
15	16	17	18	15	16	17	18
Meat Packing Slaughter House				Refrigerated Storage			
C. THIRD				D. FOURTH			
C	7	2077	(specify)	C	7		(specify)
15	16	17	18	15	16	17	18
Animal Fats & Oils							

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?	
C	8	Washington Beef, LLC													<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15	16														55	56
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)															D. PHONE (area code & no.)	
F = FEDERAL					M = PUBLIC (other than federal or state)					P (specify)					(509) 865-2121	
S = STATE					O = OTHER (specify)											
P = PRIVATE																

E. STREET OR P.O. BOX														
201 Elmwood Road														

F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND	
B Toppenish										WA		98948		Is the facility located on Indian lands? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C	T	I								C	T	I							
9	N		WA-005020-2							9	P								
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C	T	I								C	T	I							
9	U									9			(specify)						
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
C	T	I								C	T	I							
9	R									9			(specify)						
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				

XI. MAP


Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Live Animal Holding Area - non-CAFO
 Beef Cattle "COMPLEX" Slaughter House with:
 associated rendering facility,
 meat processing facility,
 hide brining facility,
 blood drying facility, and
 boxed meat warehouse and shipping

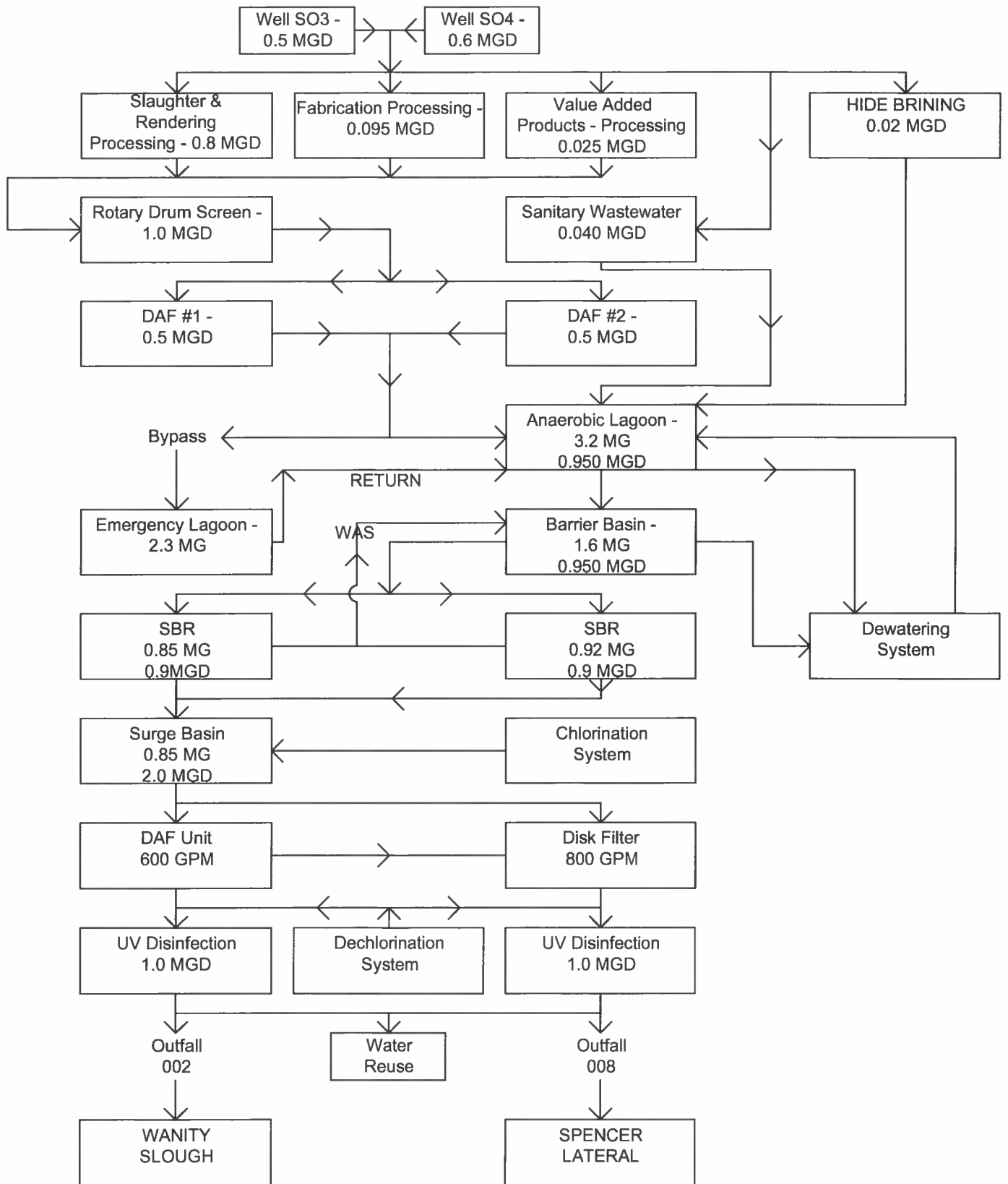
XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
Brad McDowell																				7/15/2014									
President - Washington Beef, LLC																													

COMMENTS FOR OFFICIAL USE ONLY

C															
C															
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30



EPA I.D. NUMBER (copy from Item 1 of Form 1)

WA-005020-2

Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

Please print or type in the unshaded areas only.

FORM
2C
NPDESU.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG	2. MIN	3. SEC	1. DEG	2. MIN	3. SEC	
002	N 46	22	11.58	E 120	19	14.04	Wanity Slough
008	N 46	22	14.84	E 120	19	29.98	Spencer Later - irrigation canal

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
002	Current Production		Screening - Rotary Drum Screen	1	T
	Slaughter, rendering, blood drying	0.800 MGD	Flotation - Dissolved Air	1	H
	Fabrication	0.095 MGD	Anaerobic Treatment - 2 lagoons in series	3	C
	Value Added Production	0.025 MGD	Activated Sludge - 2 Sequential Batch Reactor in parallel	3	A
	Hide Brining	0.020 MGD	Flotation - Dissolved Air	1	H
	Sanitary Wastewater	0.045 MGD	Cloth Media Filtration	1	N
			Disinfection - UV	2	H
			Disinfection - Emergency Back up - liquid chlorine	2	F
	Future Projected Flow - 1.6 MGD		Dechlorination	2	E
	Proportionately same for operations above		Discharge to Surface Water - Wanity Slough	4	A
			Chemical conditioning - sludge	5	E
			Pressure Filtration - screw press	5	R
008	Current Production		Screening - Rotary Drum Screen	1	T
	Slaughter, Rendering, blood drying	0.800 MGD	Flotation - Dissolved Air	1	H
	Fabrication	0.095 MGD	Anaerobic Treatment - 2 lagoons in series	3	C
	Value Added Products production	0.025 MGD	Activated Sludge - Sequential Batch Reactor	3	A
	Hide Brining	0.020 MGD	Flotation - Dissolved Air	1	H
	Sanitary Wastewater	0.045 MGD	Cloth Media Filtration	1	N
			Disinfection - UV	2	H
			Disinfection - Emergency Back Up - liquid chlorination	2	F
	Future Projected Flow - 1.6 MGD		Dechlorination	2	E
	Proportionately same for operations above		Discharge to Surface Water - Spencer Irrigation Canal	4	A
			Chemical conditioning - sludge	5	E
			Pressure Filtration - screw press	5	R

OFFICIAL USE ONLY (effluent guidelines sub-categories)

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ YES (complete the following table)☒ NO (go to Section III)

1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		B. TOTAL VOLUME (specify with units)		C. DURATION (in days)
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ YES (complete Item III-B)☐ NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

☒ YES (complete Item III-C)☐ NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	
Current Production 1,984,000	LWK	complex slaughter house, rendering, blood drying, fabrication, Value Added Production (portion cutting, meat brining, and meat grinding) and hide brining	002 008
Future Production 2,080,000	LWK		

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☒ YES (complete the following table)☐ NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED
Consent Decree Case No. CV-10-3025-EFS	002 008	Complex slaughter house, rendering, blood drying, Value Added Production (portion cutting, meat brining, and meat grinding), hide brining	Upgrade existing wastewater treatment plant to include: 1) a chlorination & dechlorination system 2) an additional UV disinfection system 3) a new dissolved air floatation device to replace an existing smaller unit 4) a disk filtration system, and 5) a second sequential batch reactor	12/31/2011 completed	

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.



D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
N/A			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (list all such pollutants below)☒ NO (go to Item VI-B)

* Washington Beef will continue the present discharge configuration and options as to use of both Outfall 002 and Outfall 008 and requests that all conditions in the current NPDES permit reflecting such configuration and options use be included in the renewal permits.

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VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☒ YES (identify the test(s) and describe their purposes below)

☐ NO (go to Section VIII)

Whole Effluent Toxicity (WET) - requirement of NPDES permit issued December 12, 2009

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?


☒ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☐ NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
Rainer Environmental	5013 Pacific Hwy East Suite 20 Tacoma, WA 98424	253-922-8898	whole effluent toxicity (WET) - Chronic
Cascade Analytical Inc	3019 GS Center Road Wenatchee, WA 98801	509-662-1888	Biochemical Oxygen Demand Total Suspended Solids Ammonia (as N) Color - Turbidity E.coli Bacteria Nitrate-Nitrite (as N) Nitrogen, Total Organic Oil and Grease Phosphorus Chemical Oxygen Demand Total Organic Carbon

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print) Brad McDowell President - Washington Beef, LLC	B. PHONE NO. (area code & no.) (509) 865-2121
C. SIGNATURE 	D. DATE SIGNED 7/15/2014

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
WA-005020-2

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)	OUTFALL NO. 002
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PART A –You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT							3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
	CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS				CONCENTRATION	MASS	
a. Biochemical Oxygen Demand (BOD)	35.6	222.23	16.34	89.25	4.7	27.88	378	mg/L	lb/d	na	na	na
b. Chemical Oxygen Demand (COD)	341	2366	na	na	221	1223	12	mg/L	lb/d	na	na	na
c. Total Organic Carbon (TOC)	21.2	123.51	na	na	18.5	102.18	12	mg/L	lb/d	na	na	na
d. Total Suspended Solids (TSS)	57.5	350.75	29.63	159.86	8.1	48.44	378	mg/L	lb/d	na	na	na
e. Ammonia (as N)	5.3	30.15	1.24	6.79	0.3	1.76	378	mg/L	lb/d	na	na	na
f. Flow	VALUE 1.334		VALUE 0.916		VALUE 0.732		881	MGD	MGD	VALUE na		na
g. Temperature (winter)	VALUE 25.8		VALUE na		VALUE 22.4		53	°C		VALUE na		na
h. Temperature (summer)	VALUE 32.1		VALUE 30.2		VALUE 27.4		413	°C		VALUE na		na
i. pH	MINIMUM 6.89	MAXIMUM 8.14	MINIMUM na	MAXIMUM na			644	STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
			CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS				CONCENTRATION	MASS	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color	X		48.7	na	12.17	na	4.54	na	377	NTU	na	na	na	na
d. Fecal Coliform	X		700	na	77	na	8	na	377	MPN/100	na	na	na	na
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)	X		145.5	968.9	na	na	64.5	388.0	378	mg/L	lb/d	na	na	na

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT								4. UNITS		5. INTAKE (optional)					
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES				
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS					
g. Nitrogen, Total Organic (as N)	X		148.3	995.1	103.98	659.56	67.5	406.99	378	mg/L	lb/d	na	na	na				
h. Oil and Grease	X		7.0	41.98	3.15	18.59	1.9	11.2	251	mg/L	lb/d	na	na	na				
i. Phosphorus (as P), Total (7723-14-0)	X		41.1	274.05	na	na	39.3	217.19	9	mg/L	lb/d	na	na	na				
j. Radioactivity																		
(1) Alpha, Total		X																
(2) Beta, Total		X																
(3) Radium, Total		X																
(4) Radium 226, Total		X																
k. Sulfate (as SO ₄) (14808-79-8)		X																
l. Sulfide (as S)		X																
m. Sulfite (as SO ₃) (14265-45-3)		X																
n. Surfactants		X																
o. Aluminum, Total (7429-90-5)		X																
p. Barium, Total (7440-39-3)		X																
q. Boron, Total (7440-42-8)		X																
r. Cobalt, Total (7440-48-4)		X																
s. Iron, Total (7439-89-6)		X																
t. Magnesium, Total (7439-95-4)		X																
u. Molybdenum, Total (7439-98-7)		X																
v. Manganese, Total (7439-96-5)		X																
w. Tin, Total (7440-31-5)		X																
x. Titanium, Total (7440-32-6)		X																

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
WA-005020-2	002

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total (7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7440-50-8)			X												
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Accrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (Chloro- methyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodi- bromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro- bromomethane (75-27-4)			X												
13V. Dichloro- difluoromethane (75-71-8)			X												
14V. 1,1-Dichloro- ethane (75-34-3)			X												
15V. 1,2-Dichloro- ethane (107-06-2)			X												
16V. 1,1-Dichloro- ethylene (75-35-4)			X												
17V. 1,2-Dichloro- propane (78-87-5)			X												
18V. 1,3-Dichloro- propylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – VOLATILE COMPOUNDS (continued)																
22V. Methylene Chloride (75-09-2)			X													
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X													
24V. Tetrachloroethylene (127-18-4)			X													
25V. Toluene (108-88-3)			X													
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X													
27V. 1,1,1-Trichloroethane (71-55-6)			X													
28V. 1,1,2-Trichloroethane (79-00-5)			X													
29V. Trichloroethylene (79-01-6)			X													
30V. Trichlorofluoromethane (75-69-4)			X													
31V. Vinyl Chloride (75-01-4)			X													
GC/MS FRACTION – ACID COMPOUNDS																
1A. 2-Chlorophenol (95-57-8)			X													
2A. 2,4-Dichlorophenol (120-83-2)			X													
3A. 2,4-Dimethylphenol (105-67-9)			X													
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X													
5A. 2,4-Dinitrophenol (51-28-5)			X													
6A. 2-Nitrophenol (88-75-5)			X													
7A. 4-Nitrophenol (100-02-7)			X													
8A. P-Chloro-M-Cresol (59-50-7)			X													
9A. Pentachlorophenol (87-86-5)			X													
10A. Phenol (108-95-2)			X													
11A. 2,4,6-Trichlorophenol (88-05-2)			X													

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS																
1B. Acenaphthene (83-32-9)			X													
2B. Acenaphthylene (208-96-8)			X													
3B. Anthracene (120-12-7)			X													
4B. Benzidine (92-87-5)			X													
5B. Benzo (a) Anthracene (56-55-3)			X													
6B. Benzo (a) Pyrene (50-32-8)			X													
7B. 3,4-Benzo- fluoranthene (205-99-2)			X													
8B. Benzo (ghi) Perylene (191-24-2)			X													
9B. Benzo (k) Fluoranthene (207-08-9)			X													
10B. Bis (2-Chloro- ethoxy) Methane (111-91-1)			X													
11B. Bis (2-Chloro- ethyl) Ether (111-44-4)			X													
12B. Bis (2- Chloroisopropyl) Ether (102-80-1)			X													
13B. Bis (2-Ethyl- hexyl) Phthalate (117-81-7)			X													
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X													
15B. Butyl Benzyl Phthalate (85-68-7)			X													
16B. 2-Chloro- naphthalene (91-58-7)			X													
17B. 4-Chloro- phenyl Phenyl Ether (7005-72-3)			X													
18B. Chrysene (218-01-9)			X													
19B. Dibenzo (a,h) Anthracene (53-70-3)			X													
20B. 1,2-Dichloro- benzene (95-50-1)			X													
21B. 1,3-Di-chloro- benzene (541-73-1)			X													

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichloro- benzene (106-46-7)			X												
23B. 3,3-Dichloro- benzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131-11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitro- toluene (121-14-2)			X												
28B. 2,6-Dinitro- toluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenyl- hydrazine (as Azo- benzene) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachloro- benzene (118-74-1)			X												
34B. Hexachloro- butadiene (87-68-3)			X												
35B. Hexachloro- cyclopentadiene (77-47-4)			X												
36B Hexachloro- ethane (67-72-1)			X												
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitro- sodimethylamine (62-75-9)			X												
42B. N-Nitrosodi- N-Propylamine (621-64-7)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)																
43B. N-Nitro- sodiphenylamine (86-30-6)			X													
44B. Phenanthrene (85-01-8)			X													
45B. Pyrene (129-00-0)			X													
46B. 1,2,4-Tri- chlorobenzene (120-82-1)			X													
GC/MS FRACTION – PESTICIDES																
1P. Aldrin (309-00-2)			X													
2P. α-BHC (319-84-6)			X													
3P. β-BHC (319-85-7)			X													
4P. γ-BHC (58-89-9)			X													
5P. δ-BHC (319-86-8)			X													
6P. Chlordane (57-74-9)			X													
7P. 4,4'-DDT (50-29-3)			X													
8P. 4,4'-DDE (72-55-9)			X													
9P. 4,4'-DDD (72-54-8)			X													
10P. Dieldrin (60-57-1)			X													
11P. α-Endosulfan (115-29-7)			X													
12P. β-Endosulfan (115-29-7)			X													
13P. Endosulfan Sulfate (1031-07-8)			X													
14P. Endrin (72-20-8)			X													
15P. Endrin Aldehyde (7421-93-4)			X													
16P. Heptachlor (76-44-8)			X													

EPA I.D. NUMBER <i>(copy from Item 1 of Form 1)</i>	OUTFALL NUMBER
WA-005020-2	002

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE <i>(optional)</i>		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – PESTICIDES <i>(continued)</i>																
17P. Heptachlor Epoxide (1024-57-3)			X													
18P. PCB-1242 (53469-21-9)			X													
19P. PCB-1254 (11097-69-1)			X													
20P. PCB-1221 (11104-28-2)			X													
21P. PCB-1232 (11141-16-5)			X													
22P. PCB-1248 (12672-29-6)			X													
23P. PCB-1260 (11096-82-5)			X													
24P. PCB-1016 (12674-11-2)			X													
25P. Toxaphene (8001-35-2)			X													

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
WA-005020-2

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)											OUTFALL NO. 008 **			
PART A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.														
1. POLLUTANT	2. EFFLUENT							3. UNITS (specify if blank)		4. INTAKE (optional)				
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
a. Biochemical Oxygen Demand (BOD)	35.6	222.23	16.34	89.25	4.7	27.88	378	mg/L	lb/d	na	na	na		
b. Chemical Oxygen Demand (COD)	341	2366	na	na	221	1223	12	mg/L	lb/d	na	na	na		
c. Total Organic Carbon (TOC)	21.2	123.51	na	na	18.5	102.18	12	mg/L	lb/d	na	na	na		
d. Total Suspended Solids (TSS)	57.5	350.75	29.63	159.86	8.1	48.44	378	mg/L	lb/d	na	na	na		
e. Ammonia (as N)	5.3	30.15	1.24	6.79	0.3	1.76	378	mg/L	lb/d	na	na	na		
f. Flow	VALUE 1.334		VALUE 0.916		VALUE 0.732		881	MGD	MGD	VALUE na		na		
g. Temperature (winter)	VALUE 25.8		VALUE na		VALUE 22.4		53	°C		VALUE na		na		
h. Temperature (summer)	VALUE 32.1		VALUE 30.2		VALUE 27.4		413	°C		VALUE na		na		
i. pH	MINIMUM 6.89	MAXIMUM 8.14	MINIMUM na	MAXIMUM na			644	STANDARD UNITS						
PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.														
1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color	X		48.7	na	12.17	na	4.54	na	377	NTU	na	na	na	na
d. Fecal Coliform	X		700	na	77	na	8	na	377	MPN/100	na	na	na	na
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)	X		145.5	968.9	na	na	64.5	388.0	378	mg/L	lb/d	na	na	na

** Effluent information for optional discharge to Spencer lateral is the same effluent information as that provided for Wanity Slough due to the identical treatment train for the discharges. Note that the current permit presents discharge configuration and options as to use of both Outfall 002 and Outfall 008 and Washington Beef requests that all conditions in the current NPDES permit reflecting such configuration and options use be included in the renewal permit.

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)	X		148.3	995.1	103.98	659.56	67.5	406.99	378	mg/L	1b/d	na	na	na
h. Oil and Grease	X		7.0	41.98	3.15	18.59	1.9	11.2	251	mg/L	1b/d	na	na	na
i. Phosphorus (as P), Total (7723-14-0)	X		41.1	274.05	na	na	39.3	217.19	9	mg/L	1b/d	na	na	na
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO ₄) (14808-79-8)		X												
l. Sulfide (as S)		X												
m. Sulfite (as SO ₃) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
WA-005020-2	008

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)							
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES				
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS					
METALS, CYANIDE, AND TOTAL PHENOLS																			
1M. Antimony, Total (7440-36-0)			X																
2M. Arsenic, Total (7440-38-2)			X																
3M. Beryllium, Total (7440-41-7)			X																
4M. Cadmium, Total (7440-43-9)			X																
5M. Chromium, Total (7440-47-3)			X																
6M. Copper, Total (7440-50-8)			X																
7M. Lead, Total (7439-92-1)			X																
8M. Mercury, Total (7439-97-6)			X																
9M. Nickel, Total (7440-02-0)			X																
10M. Selenium, Total (7782-49-2)			X																
11M. Silver, Total (7440-22-4)			X																
12M. Thallium, Total (7440-28-0)			X																
13M. Zinc, Total (7440-66-6)			X																
14M. Cyanide, Total (57-12-5)			X																
15M. Phenols, Total			X																
DIOXIN																			
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS															

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – VOLATILE COMPOUNDS																
1V. Accrolein (107-02-8)			X													
2V. Acrylonitrile (107-13-1)			X													
3V. Benzene (71-43-2)			X													
4V. Bis (Chloro- methyl) Ether (542-88-1)			X													
5V. Bromoform (75-25-2)			X													
6V. Carbon Tetrachloride (56-23-5)			X													
7V. Chlorobenzene (108-90-7)			X													
8V. Chlorodi- bromomethane (124-48-1)			X													
9V. Chloroethane (75-00-3)			X													
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X													
11V. Chloroform (67-66-3)			X													
12V. Dichloro- bromomethane (75-27-4)			X													
13V. Dichloro- difluoromethane (75-71-8)			X													
14V. 1,1-Dichloro- ethane (75-34-3)			X													
15V. 1,2-Dichloro- ethane (107-06-2)			X													
16V. 1,1-Dichloro- ethylene (75-35-4)			X													
17V. 1,2-Dichloro- propane (78-87-5)			X													
18V. 1,3-Dichloro- propylene (542-75-6)			X													
19V. Ethylbenzene (100-41-4)			X													
20V. Methyl Bromide (74-83-9)			X													
21V. Methyl Chloride (74-87-3)			X													

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS (continued)															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V Trichloroethylene (79-01-6)			X												
30V. Trichlorofluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichlorophenol (120-83-2)			X												
3A. 2,4-Dimethylphenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachlorophenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichlorophenol (88-05-2)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS																
1B. Acenaphthene (83-32-9)			X													
2B. Acenaphthylene (208-96-8)			X													
3B. Anthracene (120-12-7)			X													
4B. Benzidine (92-87-5)			X													
5B. Benzo (a) Anthracene (56-55-3)			X													
6B. Benzo (a) Pyrene (50-32-8)			X													
7B. 3,4-Benzo- fluoranthene (205-99-2)			X													
8B. Benzo (ghi) Perylene (191-24-2)			X													
9B. Benzo (k) Fluoranthene (207-08-9)			X													
10B. Bis (2-Chloro- ethoxy) Methane (111-91-1)			X													
11B. Bis (2-Chloro- ethyl) Ether (111-44-4)			X													
12B. Bis (2- Chloroisopropyl) Ether (102-80-1)			X													
13B. Bis (2-Ethyl- hexyl) Phthalate (117-81-7)			X													
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X													
15B. Butyl Benzyl Phthalate (85-68-7)			X													
16B. 2-Chloro- naphthalene (91-58-7)			X													
17B. 4-Chloro- phenyl Phenyl Ether (7005-72-3)			X													
18B. Chrysene (218-01-9)			X													
19B. Dibenzo (a,h) Anthracene (53-70-3)			X													
20B. 1,2-Dichloro- benzene (95-50-1)			X													
21B. 1,3-Di-chloro- benzene (541-73-1)			X													

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)																
22B. 1,4-Dichloro- benzene (106-46-7)			X													
23B. 3,3-Dichloro- benzidine (91-94-1)			X													
24B. Diethyl Phthalate (84-66-2)			X													
25B. Dimethyl Phthalate (131-11-3)			X													
26B. Di-N-Butyl Phthalate (84-74-2)			X													
27B. 2,4-Dinitro- toluene (121-14-2)			X													
28B. 2,6-Dinitro- toluene (606-20-2)			X													
29B. Di-N-Octyl Phthalate (117-84-0)			X													
30B. 1,2-Diphenyl- hydrazine (as Azo- benzene) (122-66-7)			X													
31B. Fluoranthene (206-44-0)			X													
32B. Fluorene (86-73-7)			X													
33B. Hexachloro- benzene (118-74-1)			X													
34B. Hexachloro- butadiene (87-68-3)			X													
35B. Hexachloro- cyclopentadiene (77-47-4)			X													
36B Hexachloro- ethane (67-72-1)			X													
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X													
38B. Isophorone (78-59-1)			X													
39B. Naphthalene (91-20-3)			X													
40B. Nitrobenzene (98-95-3)			X													
41B. N-Nitro- sodimethylamine (62-75-9)			X													
42B. N-Nitrosodi- N-Propylamine (621-64-7)			X													

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)																	
43B. N-Nitro-sodiphenylamine (86-30-6)			X														
44B. Phenanthrene (85-01-8)			X														
45B. Pyrene (129-00-0)			X														
46B. 1,2,4-Tri-chlorobenzene (120-82-1)			X														
GC/MS FRACTION – PESTICIDES																	
1P. Aldrin (309-00-2)			X														
2P. α-BHC (319-84-6)			X														
3P. β-BHC (319-85-7)			X														
4P. γ-BHC (58-89-9)			X														
5P. δ-BHC (319-86-8)			X														
6P. Chlordane (57-74-9)			X														
7P. 4,4'-DDT (50-29-3)			X														
8P. 4,4'-DDE (72-55-9)			X														
9P. 4,4'-DDD (72-54-8)			X														
10P. Dieldrin (60-57-1)			X														
11P. α-Endosulfan (115-29-7)			X														
12P. β-Endosulfan (115-29-7)			X														
13P. Endosulfan Sulfate (1031-07-8)			X														
14P. Endrin (72-20-8)			X														
15P. Endrin Aldehyde (7421-93-4)			X														
16P. Heptachlor (76-44-8)			X														

EPA I.D. NUMBER <i>(copy from Item 1 of Form 1)</i>	OUTFALL NUMBER
WA-005020-2	008

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1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE <i>(optional)</i>		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – PESTICIDES <i>(continued)</i>																
17P. Heptachlor Epoxide (1024-57-3)			X													
18P. PCB-1242 (53469-21-9)			X													
19P. PCB-1254 (11097-69-1)			X													
20P. PCB-1221 (11104-28-2)			X													
21P. PCB-1232 (11141-16-5)			X													
22P. PCB-1248 (12672-29-6)			X													
23P. PCB-1260 (11096-82-5)			X													
24P. PCB-1016 (12674-11-2)			X													
25P. Toxaphene (8001-35-2)			X													